



***OFFICE OF STUDENT JUDICIAL SERVICES***

John Quincy Adams House ☼ 2129 I Street, NW ☼ Washington, DC 20052  
 Phone: (202) 994-6757 ☼ Fax: (202) 994-3051 ☼ E-mail: sjs@gwu.edu

**CONSENT TO RELEASE CONFIDENTIAL INFORMATION**

**Student:** \_\_\_\_\_  
 Last Name                      First Name                      ID #                      Case Number

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*In accordance with the Family Educational Rights and Privacy Act of 1974, U.S.C. 1232, University policy prohibits the release, to third parties, of information contained in a student's educational records without the express written consent of the student. The above listed individual requests that a University administrator discuss/review his/her file as indicated below. In signing this document, the individual releases The George Washington University including its Office of the Dean of Students and its employees, of any responsibility for misappropriation of the information released.*

Person(s) to whom your file may be disclosed and/or reviewed; the extent to which a University Administrator may discuss the contents of your file (default is "Full"); and the University Administrator (only authorized University Administrators have access to student educational records) who may speak to the person named below (default is "Any"):

Name	Relationship	Attorney Yes or No	Disclosure Full or Partial <sup>1</sup>	University Administrator Any or Specific <sup>2</sup>

**Comments:** *(Indicate if person is acting as advisor and if s/he will be present at proceeding.)*

<sup>1</sup> If "Partial Disclosure," list stipulations on the reverse of this form.

<sup>2</sup> If "Specific," list individuals/offices on the reverse of this form.

(Revised 10/31/2002 – JAH)